PSA SCREENING GUIDELINES

Washington State Clinical Laboratory Advisory Council (CLAC)

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The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.

2) Afro-American nationality

There is a lack of consensus among researchers, physicians practicing in the community, and professional organizations on the appropriate screening guidelines for PSA testing. CLAC is presenting the two most commonly recognized and accepted options as its recommendation.

Option I **Option II** Who Should Be Who Should Be Screened? Screened? Symptomatic Adult Males Asymptomatic Adult Males Asymptomatic Symptomatic Adult (Prostatic obstruction **Adult Males** *(Additional risk factors to be Males (Prostatic symptoms) considered on deciding pathway) obstruction symptoms) 40-50 years > 50 years PSA and Digital Rectal Exam **PSA** and Digital No action Rectal Exam **PSA** and Digital Digital Rectal Negative Positive Rectal Exam Exam annually annually Negative Positive No further Negative Positive Negative Further Positive action studies based on No further **Further** findings Further Further No further No further action studies studies studies action action based on based on based on findings findinas findinas References: References: 1) United States Preventive Services Task Force. 1) American Urological Association.: Best Practice Annals of Internal Medicine 2002 Dec 3;137(11): *Risk factor to be considered for appropriate Policy. Oncology 2000:14;267-286. 915-6.) pathway: 2) American Cancer Society Recommendations for 1) Family history of prostate cancer Screening. Cancer Facts & Figures 2002.